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APPLICANTS

Loren Eugene Karnes, LeSeur, MN;
 Paul Alan Van Brunt, Prior Lake, MN;

ok Hing

**** CONTINUING DATA *******
 This appln claims benefit of 60/411,636 09/18/2002

none Hing

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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ADDRESS
 Roger L. Belfay
 829 Tuscarora Avenue
 Saint Paul , MN
 55102

TITLE
 Escape-Right

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